

**APPLICATION FOR USE  
CRESTVIEW COMMUNITY CENTER**

Revd. by: \_\_\_\_\_

Initial \_\_\_\_\_

Date of Application: \_\_\_\_\_

***NOTE: Total Scheduled time to include set-up and take down. (RESPONSIBILITY OF LESSEE)***

Date of Event: \_\_\_\_\_

Hours – Arrival: \_\_\_\_\_

Departure: \_\_\_\_\_

**Contact Person: (please print)** \_\_\_\_\_

Phone Number: Day \_\_\_\_\_ Night/cell \_\_\_\_\_ Fax \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Facility use: \_\_\_\_\_

Expected Attendance: \_\_\_\_\_ Type of decorations to be used: \_\_\_\_\_

Space requested: **(Check all that apply)**

\_\_\_\_\_ Reception Hall \_\_\_\_\_ Kitchen (**\$100 flat fee**) \_\_\_\_\_ Meeting Room (specify \_\_\_\_\_ Stage \_\_\_\_\_

Will food be brought into the building? \_\_\_\_\_ Are you using a caterer? \_\_\_\_\_

Company name of caterer: \_\_\_\_\_ Type of food: \_\_\_\_\_

(Insurance Certificate Required)

Will alcoholic beverages be served? \_\_\_\_\_ **(Additional deposit may be required)**

**Equipment needed:**

\_\_\_\_\_ Round tables \_\_\_\_\_ Large Plants (**\$100**)  
\_\_\_\_\_ Rectangle tables \_\_\_\_\_ TV/VCR (**\$25**) \_\_\_\_\_ Podium with sound (**\$50**)  
\_\_\_\_\_ Chairs \_\_\_\_\_ In house sound system (**\$50**) \_\_\_\_\_ Coffee Maker (**\$20** coffee only)

"I have read the attached 'Indemnification and Hold Harmless Agreement' and the attached Regulations for use of the Crestview Community Center and agree to all terms and conditions." Insurance requirements as stated in facility regulations will be met.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Do Not Write Below – For Staff Use Only**

Building Use fee \$ \_\_\_\_\_

Total add-on fees \$ \_\_\_\_\_

Damage Deposit \_\_\_\_\_

Total Charge \_\_\_\_\_

Deposit Paid \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Check#: \_\_\_\_\_

Balance Due \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Check#: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional fees:** \_\_\_\_\_  
\_\_\_\_\_

**Insurance Certificates**

Applicant

Caterer

**Staff please check off on these items.**